

Accumulation Site Approval

Instructions for completing this form are on the reverse side.

1. Request Date: _____ 2. Type of Accumulation Site: ☐ TSS ☐ SAS ☐ NHS

Type of Approval being requested: (Check Only One)

☐ 3. Initial Notification of New SAS
☐ 4. New Accumulation Site

☐ 5. Relocation of an Existing Site
☐ 6. Closure of an existing site

7. Temporary Action: ☐ Inactivation ☐ Reactivation Date by Activity: _____

Generating Activity: _____ 8. Building Number of Site: _____

9. DODAAC: _____

10. Group or Brigade: _____

11. Battalion or Directorate: _____

12. Company or Division: _____

13. Name and Grade of HWC: _____ Telephone: _____

14. Name and Grade of AEC: _____ Telephone: _____

New Accumulation Site Requirements:

☐ 15. Copy of Site Map
☐ 16. Copy of Site Specific Contingency Plan (CP)
☐ 17. Copy of Waste Description Logs (WDL)

Closure of an Existing Site Requirements: _____ 18. Existing Site Number: _____

Date Closed by Activity: _____

19. Certification that no wastes are stored or will be stored at the site.

20. Has there ever been a spill at this site?

21. If a spill has ever occurred, has the site been decontaminated?

22. Copy of the last "Weekly Site Inspection" Checklist

☐ Certified
☐ Yes ☐ No
☐ Yes ☐ No
☐ Included

23. I certify that the above information is complete and accurate.

Date: _____

Signature _____

Name of Battalion Commander or Director: _____

Telephone: _____

Title and Rank/Grade: _____

Approvals:

24. Post Safety Office: _____
Name and Title: _____ Date: _____

25. Post Fire Department: _____
Name and Title: _____ Date: _____

DPW-ENRD Approval:

26. Date of Final Approval: _____ 27. Authorized Site Number: _____

28. Date of Inact/React: _____ 29. Date of Final Closure : _____

Signature of DPW, ENRD Personnel _____